FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

789851

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	OMP ADE	POVAL					
	OMB APPROVAL						
	OMB Number:	3235-0076					
į	Expires:	May 31, 2002					
1	Estimated avera	ge burden					
	hours per respoi	nse16.00					

SEC	USE ONLY
Prefix	Serial
DATE	RECEIVED
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	A. BASIC IDENTIFICATION DATA the information requested about the issuer Issuer (check if this is an amendment and name has changed, and indicate change.) eam Holdings, Inc. of Executive Offices (Number and Street, City, State, Zip Code) of Principal Business Operations (Number and Street, City, State, Zip Code) of Principal Business Operations (Number and Street, City, State, Zip Code) of Principal Business: Digital broadcasting and streaming. Business Organization operation limited partnership, already formed interest trust limited partnership, to be formed of Executive Offices) Business Organization operation limited partnership, to be formed of Executive Offices (Pease specify): Month Year (Pease specify): Telephone Number (Including Area) of the (please specify): Month Year (Pease specify): of Extimated Date of Incorporation or Organization: Of 2 8 6	
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	A. BASIC IDENTIFICATION DA	Γ_{A}
1. Enter the information requested	l about the issuer	· · · · · · · · · · · · · · · · · · ·
Name of Issuer (check if this VitalStream Holdings, Inc.	is an amendment and name has changed, and indicate	te change.)
Address of Executive Offices One Jenner, Suite 100, Irvine,		Telephone Number (Including Area Codé) (949) 743-2000
Address of Principal Business Op (if different from Executive Office		Telephone Number (Including Area Code)
Brief Description of Business: Di	gital broadcasting and streaming.	
Type of Business Organization ⊠ corporation □ business trust	• • •	other (please specify): process oct 1 4 20
	poration or Organization: 0 2 8 6 rganization: (Enter two-letter U.S. Postal Service abl	✓ Actual ☐ Estimated Oreviation for State: THOMSON FINANCIA
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making	an offering of securities in reliance on an exemption	under Regulation D or Section 4(6), 17 CFR 230.501

et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

211.112.1

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (7-00) 1 of

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

- Lacii general and ma	magnig partner c	partitersing issuers.			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Summers, Paul S.	if individual)				
Business or Residence Addre One Jenner, Suite 100, Irvi	•	nd Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☑ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, Kaplan, Philip N.	if individual)				
Business or Residence Addre One Jenner, Suite 100, Irv		nd Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Herzog, Kevin D.	if individual)				
Business or Residence Addre One Jenner, Suite 100, Irv	•	nd Street, City, State, Zip	Code)	· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Smith, Stephen	if individual)				
Business or Residence Addre One Jenner, Suite 100, Irv		nd Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Williams, David R.	if individual)				
Business or Residence Addre One Jenner, Suite 100, Irv	•	nd Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, Salvatore Tirabassi	if individual)				
Business or Residence Address 750 Lexington Avenue, 16t	•	•	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, Wanger, Leonard	if individual)				
Business or Residence Addr 2 N. LaSalle, Suite 400, Cl	· · · · · · · · · · · · · · · · · · ·	•	Code)		

A. BASIC IDENTIFICATION DATA (CONTINUED) ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Charles Lyons Business or Residence Address (Number and Street, City, State, Zip Code) One Jenner, Suite 100, Irvine, CA 92618 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Arturo Sida Business or Residence Address (Number and Street, City, State, Zip Code) One Jenner, Suite 100, Irvine, CA 92618 Check Box(es) that Apply: ☐ Promoter ☐ General and/or ☐ Beneficial Owner □ Director Managing Partner Full Name (Last name first, if individual) Michael Linos Business or Residence Address (Number and Street, City, State, Zip Code) One Jenner, Suite 100, Irvine, CA 92618

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) B. INFORMATION ABOUT OFFERING Yes No 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?...... \boxtimes Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? None Yes No 3. Does the offering permit joint ownership of a single unit? Ø 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only... Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) 🗆 All States [CT] [AL] [AK] [AR] [CA] [CO] [DE] [DC] [FL] [GA] [HI] [ID] [AZ] [MS] [MO] [IL] [IN] [AI] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [PA] [MT] [NE] [NV] [NH] [NJ] [MM] [NY] [NC] [ND] [OH] [OK] [OR] [WV] [WI] [WY] [PR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ☐ All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [LA] . [MA] [MI] [MN] [MS] [MO] [KY] [ME] [MD] [OK] [OR] [PA] [TM] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [RI] [SC] [UT] [WV] [WI] [WY] [PR] [SD] [TN] [TX] [VT] [VA] . [WA] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ☐ All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [IM] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [MM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [TX] [PR] [SD] [WA] [WV] [WI] [WY] [RI] [SC] [TN] [UT] [VT] [VA]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$0	\$0
Equity	\$0	\$0
☐ Common ☐ Preferred		
Convertible Securities (including warrants)	\$900,000*	\$ 900,000*
Partnership Interests	\$0	\$0
Other (Specify)	\$0	\$0
Total		\$ 900,000
Answer also in Appendix, Column 3, if filing under ULOE.		
* This amount represents new cash consideration paid in exchange for preferred stock. In addition, convertible notes with a principal amount of \$1,100,000, and related warrants, were exchanged for amended and restated convertible notes of an equal principal amount and warrants in the transaction.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	X	\$900,000
Non-accredited Investors	0	\$0
Total (for filings under Rule 504 only)	N/A	\$ N/A
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
Type of Security	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$0
Printing and Engraving Costs		\$0
Legal Fees	\boxtimes	\$
Accounting Fees		\$0
Engineering Fees		\$ 0

Sales Commissions (specify finders' fees separately)				\$	0
Other Expenses (identify)		,		\$	0
Total		•••	\boxtimes	\$	70,000
C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE (OF PROCEEDS			
tion 1 and total expenses furnished in response to Part C - Question 4.a. This difference	is the		\$		830,000
used for each of the purposes shown. If the amount for any purpose is not known, furni estimate and check the box to the left of the estimate. The total of the payments listed must	sh an				
		Payments to Officers, Directors, & Affiliates		•	nents To
Salaries and fees	□ \$_	-0-	□ \$		-0-
Purchase of real estate	□ \$_	-0-	□ \$		-0-
Purchase, rental or leasing and installation of machinery and equipment	□ \$_	-0-	□ \$		-0-
Construction or leasing of plant buildings and facilities	□ \$_	-0-	□ \$		-0-
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another	m ¢	0	_		-0-
					830,000
	-				850,000
	□ Ψ_				
	□ \$		□ \$		
				0,000	
D. FEDERAL SIGNATURE	<u>~</u>		·····		
following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities a	ind Exc	change Commiss	ion,	upon v	
C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or penopsed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Paym Offin Direc Affi Salaries and fees Purchase of real estate Purchase, rental or leasing and installation of machinery and equipment Salaries and fees Purchase, rental or leasing and installation of machinery and equipment Salaries and fees Purchase, rental or leasing of plant buildings and facilities Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) Repayment of indebtedness Working capital Other (specify): Scolumn Totals Total Payments Listed (column totals added) D. FEDERAL SIGNATURE The issuer has duly caused this notice to be singed by the undersigned duly authorized person. If this notic ollowing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange user of its staff, the information furnished by the issuer to furnish to the U.S. Securities and Exchange and Exchange to any non-accredited investor pursuant to paragraph (tessuer (Print or Type)					
VitalStream Holdings, Inc.	October 3, 20)3			
Paul S. Summers President and Chief Executive Officer					

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions	Yes	No
of such rule?		\boxtimes
·		
See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish **ATTENTION** inistrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Pate
VitalStream Holdings, Inc.		October 3, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Paul S. Summers	President and Chief Executive Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3		4				5
	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ification ate ULOE , attach ation of granted) -Item 1)
				Number of Accredited		Number of Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL									
AK					_				
AZ							i		
AR									
CA		X	Series A Preferred \$350,000	5	\$350,000]	0	N/A		X
СО							41-24-33		
СТ									
DE					2				
DC									
FL									
GA									
HI									
ID					_				
IL									
IN									
IA									
KS									
KY			1						
LA					_				
ME									
MD									
MA									
MI									
MN			·						
MS									

APPENDIX

1	2		2 3 4							
	to non-a	I to sell accredited is in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
_				Number of Accredited		Number of Non-Accredited				
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
MO										
MT										
NE										
NV		_		•						
NH NJ										
NM										
NY		X	Series A Preferred	2	\$550,000	0	N/A		X	
NC NC	-		\$550,000							
ND		_								
ОН										
OK										
OR					· · · · · · · · · · · · · · · · · · ·					
PA										
RI					<u> </u>					
SC		-								
SD										
TN										
TX										
UT							1000			
VT										
VA										
WA										
WV										
WI										

APPENDIX

1		2	3		4					
1	İ							Disqual	lification	
			Type of security	·				under Sta	ate ULOE	
	Intend	l to sell	and aggregate							
	to non-a	ccredited	offering price	,	Type of investor and					
	investor	s in State	offered in state		amount purchased in State				waiver granted)	
	(Part B	-Item 1)	(Part C-Item 1)		(Part C-Item 2)				(Part E-Item 1)	
				Number of						
				Accredited		Non-Accredited				
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
WY										
PR										